

California Department of Alcohol and Drug Programs
DRUG COURT PROGRAMS

INSTRUCTIONS
QUARTERLY REIMBURSEMENT FORMS

1. These instructions apply to the following drug court programs:
 - Comprehensive Drug Court Implementation (CDCI) (calendar year),
 - Drug Court Partnership (DCP) (fiscal year), and
 - Dependency Drug Court (DDC) (fiscal year).
2. Counties receiving drug court funds must submit all of the following to be reimbursed for services:
 - Quarterly Reimbursement Forms (referred to as invoices),
 - Quarterly Narrative Report, and
 - Quarterly Data Evaluation Report.
3. The county must submit separate invoices and reports for each program (CDCI, DCP and DDC) for which the county receives a grant award. Counties may download invoice and report forms at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
4. Reports for each program must be received and approved by the Department of Alcohol and Drug Programs (ADP) prior to reimbursement.
5. County expenditures are reimbursed in arrears on a quarterly basis.
6. Counties must submit an invoice for each billing period even if there are no drug court program related expenditures.
7. Invoices must be signed by the County Alcohol and Drug Program Administrator. The Administrator may extend signature authority to a designee by informing ADP in writing on county letterhead identifying the designee(s).
8. Invoices and reports are due 30 days after each quarter. Billing periods and due dates are as follows:

Quarterly Billing Period	Due Date
July 1 – September 30	October 31
October 1 – December 31	January 31
January 1 – March 31	April 30
April 1 – June 30	July 31

9. Mail invoices and narrative reports (but not data evaluation reports) to your Drug Court County Analyst at:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

Email data evaluation reports to Jonathan Graham, ADP Office of Applied Research and Analysis, at jgraham@adp.ca.gov.

Instructions for CDCI Invoices

Please use the Quarterly Reimbursement Form at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
The form is an Excel spreadsheet and will calculate balances and totals.

Section I.

- **Check whether this is a new, revised, or supplemental invoice for this quarter:**
 1. Check "New" if this is the initial invoice for the quarter.
 2. Check "Revised" if the invoice is a revision or a correction to a previously submitted invoice.
 3. Check "Supplemental" if the invoice bills for expenditures not claimed on a previous invoice.
- **Project Budget Period:** Enter the funding period (e.g., 01/01/08 to 12/31/08).
- **Billing Period Covered by This Invoice:** Enter the quarter for which expenditures are billed. Billing periods are: 01/01/08-03/31/08, 04/01/08-06/30/08, 07/01/08-09/30/08, and 10/01/08-12/31/08. Invoices will be processed in the order submitted.
- **County Information:** Enter county information as shown on the Notice of Grant Award.

Section II. CDCI ADULT DRUG COURT

Enter expenditures during the quarter for adult felon drug courts.

- **Budget Line Items** (column A): This column lists line items reflected in the approved Multi-Agency Plan (MAP).
- **Beginning Balance** (column B): The first quarter beginning balances must be the same as the approved MAP. For subsequent invoices, the beginning balances in column B are the ending balances from column F of the previous invoice.
- **Budget Line Item Change** (column C): Use this column to enter budget changes. If the Change is greater than 10% of the total budget, approval from the Department of Alcohol and Drug Programs (ADP) is required. Submit a written justification as described in the Terms and Conditions for Budget Modifications. Budget increases and decreases in this column must subtotal zero.
- **Treatment-Related Costs** (column D): Include reimbursable treatment-related expenditures for the quarter. Enter zero if there are no expenditures. The county must submit a claim for each billing period even if there are no expenditures for that quarter.
- **Non-Treatment Related and Other Costs** (column E): Include reimbursable Non-Treatment Related expenditures.
- **Ending Balance** (column F): The form calculates the ending balances.
- **Quarterly Required Match** (column G): Enter the amount of matching funds expended for the quarter (10% match the first two years and 20% thereafter).
- **Cumulative Match** (column H): Enter cumulative matching funds expended during the Project Year.

Section III. JUVENILE, DEPENDENCY, AND FAMILY DRUG COURT

Enter expenditures of CDCI funds during the quarter for juvenile, dependency, and family drug courts. Only counties that budgeted CDCI funds for juvenile, dependency, or family drug courts as of May 20, 2003, are approved to budget funds for these courts.

All the columns in Section III are completed the same as for Section II. See Section II above for instructions.

GRAND TOTAL OF SECTIONS II and III

Combine the totals of all columns for Section II and Section III.

Section IV. CERTIFICATION (Signature Block)

Use blue ink to sign and date the certification that expenditures claimed are consistent with the requirements of the county's grant award.

Attach a copy of the Quarterly Narrative Report, ADP will not approve reimbursement unless the invoice, Quarterly Narrative Report, and Data Evaluation Report have been submitted.

Mail the invoices and narrative reports (but not the data evaluation reports) to your Drug Court County Analyst at:

Department of Alcohol and Drug Programs
Office of Criminal Justice Collaboration
Attn: Drug Court County Analyst
1700 K Street, 5th Floor
Sacramento, CA 95811-4037

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Instructions for DCP and DDC Invoices

Please use the Quarterly Reimbursement Form at www.adp.ca.gov/DrugCourts/DrugCourtsForms.shtml.
The form is an Excel spreadsheet and will calculate balances and totals.

Section I.

- **Check whether this is a new, revised, or supplemental invoice for this quarter:**
 1. Check "New" if this is the initial invoice for the quarter.
 2. Check "Revised" if the invoice is a revision or a correction to a previously submitted invoice.
 3. Check "Supplemental" if the invoice bills for expenditures not claimed on a previous invoice.
- **Project Budget Period:** Enter the funding period (e.g., 07/01/08 to 06/30/09).
- **Billing Period Covered by This Invoice:** Enter the quarter for which expenditures are billed. Billing periods are: 07/01/08-09/30/08, 10/01/08-12/31/08, 01/01/09-03/31/09, and 04/01/09-06/30/09. Invoices will be processed in the order submitted.
- **County Information:** Enter county information as shown on the Notice of Grant Award.

Section II. Budget and Current Expenditures

Enter expenditures during the quarter for DDC or DCP drug courts.

- **Budget Line Items** (column A): This column lists line items reflected in the approved Multi-Agency Plan (MAP).
- **Beginning Balance** (column B): The first quarter beginning balances must be the same as the approved MAP. For subsequent invoices, the beginning balances in column B are the ending balances from column F of the previous invoice.
- **Budget Line Item Change** (column C): Use this column to enter budget changes. If the Change is greater than 10% of the total budget, approval from the Department of Alcohol and Drug Programs (ADP) is required. Submit a written justification as described in the Terms and Conditions for Budget Modifications. Budget increases and decreases in this column must subtotal zero.
- **Treatment-Related Costs** (column D): Include reimbursable treatment-related expenditures for the quarter. Enter zero if there are no expenditures. The county must submit a claim for each billing period even if there are no expenditures for that quarter.
- **Non-Treatment Related and Other Costs** (column E): Include reimbursable Non-Treatment Related expenditures.
- **Ending Balance** (column F): The form calculates the ending balances.
- **Quarterly Required Match** (column G): Enter the amount of matching funds expended for the quarter (10% match the first two years and 20% thereafter).
- **Cumulative Match** (column H): Enter cumulative matching funds expended during the Project Year.

Section III. CERTIFICATION (Signature Block)

Use blue ink to sign and date the certification that expenditures claimed are consistent with the requirements of the county's grant award.

Attach a copy of the Quarterly Narrative Report. ADP will not approve reimbursement unless the invoice, Quarterly Narrative Report, and Quarterly Data Evaluation Report have been submitted.

Mail the invoices and narrative reports (but not the data evaluation reports) to your Drug Court County Analyst at:

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List of Allowable Expenditures

Allowable costs are those reasonably related to the drug court system(s) that cannot be provided by other community agencies. These costs are divided into two sub-sets, Treatment-Related and Non-Treatment Related Costs. Allowable costs may include, but are not limited to, the following:

Treatment-Related Costs

- Anger management/violence prevention
- Assessment
- Childcare
- Client transportation
- Day-care habilitative substance abuse treatment
- Detoxification
- Drug court coordinator
- Drug testing
- Family/domestic relations counseling
- GED assistance/education assistance
- Gender specific treatment sessions
- Health education (AIDS/HIV, etc.)
- Job placement
- Language/culture specific programs
- Mental health counseling
- Non-residential treatment
- Parenting classes
- Participant transportation
- Prenatal program
- Psychiatric treatment
- Residential treatment
- Vocational counseling

Non-Treatment Related Costs

- Consultants
- Data collection
- Equipment (i.e.; computer, modem, printer, etc.)
- Facilities
- Supplies
- Staff Training
- Staff Travel

Items purchased with program funds must be entered into the county's accounting system. Expenditure records must be retained for three years from the date of final payment and are subject to audit.